FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

-File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State 2010 00120 All 9: 22 Parties must be filed electronically.

Reset Form

USPS 10/19

		•	- 77-7
COMMITTEE NAME (Must be same as on Statement of Organization)		FORM	
muller for Supervisor		DR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for:		Rev. 12/2009)	REPORT
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party			
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC	(or Office Use Or	
11) Local Ballot Issue			
CANDIDATE COMMITTEES ONLY: Candidate Name Political Party (if applicable)	- 1 1		
Wendel muller 10n-party	l i		
Office Sought District (if Senate or House)	- 1 1	-	
County Supervisor			
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A	(7) and 6	8A.401(3), the ca	ndidate, for a
candidate's committee, and the chairperson, for any other type of committee, is the individual responsible	for filing	timely and accur	ate reports.
M. 00 1/21/1/11 1/11/22 -002	7	18/101	
NINDU 31 VIUNIO 1941 350 253	t _	13/18/	10
SIGNATURE OF PERSON FILING REPORT TELEPHONE		'DATE'S	SIGNED
20/1/2- 10 22:-	. ((0):	LELECTION VE	AD
I AM FILING A DOLO REPORT FOR (RELECTION		I-ELECTION YE	AL.
(report date) Indicate by	# 📖		
□CHECK IF AMENDMENT TO REPORT DATED	Local Co	mmittees, enter D	ate of Election
Constitution Communication) and attack Nation of Discolution Form DB 2		11/2/	10
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.)		Local Committee	s, enter County in
(Micka	saw_
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end			t.
of the last reporting period or must be zero if this is first report filed.)	\$		0 -
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)			0
Schedule F: Loans Received total (Attach Schedule F)			- 0 -
Schedule H: Total Sales of Campaign Property (Attach Schedule H)			<u> </u>
(Schedule H applies to Candidates' Committees Only)			
SUB-TOTAL	\$		-0-
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)			0 -
Schedule F: Loan Repayments total (Attach Schedule F)			- 0
CASH ON HAND at the end of this reporting period (if final report balance must be zero)			-0-
**UNPAID BILLS (From Schedule D - Attach Schedule D)			- 7 : -
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)			-D-
			- 0 -
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)			 _NO
CONSULTANT BREAKDOWN (Schedule G Attached?)	-	1E9 <u>V</u>	_140
CANDIDATE COMMITTEES ONLY:		417	79,19
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	5	5 - 1-16) 1 (1 1

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

SCHEDULE

MONETARY

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03) RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS BOX IF AMENDING FORM
Miller for Supervisor	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND- RAISEI INCOM
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	CK#			\$	L
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	CK#				L
	ID#				
	CK#				
			SUB-TOTAL	\$	
		TOTAL (if last page	ge of this schedule)	\$ 0	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____ (for Schedule A)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF				

COMMITTE	E NAME (Must be s	ame as on Statement of Organization)		
Mul	ler for	Supervisor		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
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	CK#			\$
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			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ -0-
THIS BOX AP	PLIES TO CANDIDA	ATES' COMMITTEES ONLY:		
Purchases of c	ertain campaign prope	erty costing \$500 or more must also be invent	oried on Schedule H. (Refer to Schedule H instr	uctions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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· THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

COMMITTEE NAME (ML	ust be same as on Statement of Organization)	
10.0	•	
Whiles	for Supervisor	

SCHEDULE		
Н	CAMPAIGN	
(Rev. 02/08)	PROPERTY	

ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.

CHECK THIS BOX IF

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
05/09/10	yard Signs	#1860.27	\$930.14
03/10/20	Pens & note pads	8447.14	# 149.05

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 1079 19

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

	TOTALS	\$	_\$
* PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$		·	
(Attach Additional Schedules if Needed)			

Page _____ of ____ Pages (For Schedule H)

^{*} If estimated, show est beside figure.